

Carl Vinson VA Medical Center

Vinson Voice

February/March 2015



“Honoring Service, Empowering Health”

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To care for him who shall have borne the battle and for his widow, and his orphan . . .

President Abraham Lincoln, 2nd Inaugural Address

Mission . . . To improve the health status of Veterans . . .

Vision . . . To be the provider of choice for Veterans . . .



What Does “Diversity” Look Like?

New CVVAMC Campaign Emphasizes America’s Strength

Dr. Frank G. Jordan Jr., FACHE

Where there is sameness, nothing innovative happens, but diversity encourages creativity, and our new “I am Red, White, and Blue” campaign lets CVVAMC teammates see that—literally.



Mr. Greg Swars

You hear a lot about diversity, but what does it look like? Many attempts have been made to define it in writing, lots of philosophizing has been done over the centuries, and organizations are continually touting the advantages that a diverse workforce provides. But for those of us who are visually oriented, how can we visualize diversity?

Obviously, diversity is itself a diverse and admittedly abstract concept. What it means for one person or organization can be very different

from case to case, yet to benefit from the advantages that the concept offers we do need to try and wrap our minds around it, and being able to conceptualize it can help.

To achieve this at our medical center, the EEO Committee and the Communications and Stakeholder Relations Ser-

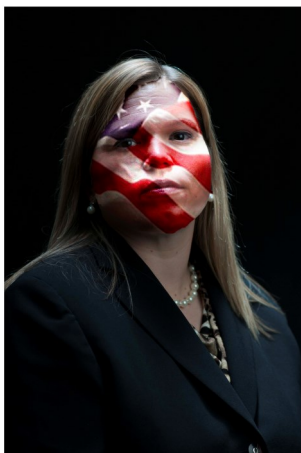
vice has inaugurated the “I am Red, White, and Blue” campaign. This solely visual approach to illustrating diversity consists of photos of CVVAMC teammates whose faces are draped with the American flag, the symbol of patriotism in our country. While the staff involved represent the tremendous diversity of our nation ethnically, racially, and otherwise,

the central theme is clear: we are all Americans. And the diversity that the United States enjoys is the very strength of our nation. Just as genetic diversity in the natural world allows species to be flexible and adaptable, demographic diversity in America, and VA, lets us meet new challenges and existing goals with creativity. Ultimately, by embracing American diversity, we demonstrate why we are the greatest nation on Earth, and why we will remain so. •

If you are interested in participating in the “I am Red, White, and Blue” campaign, please contact Greg Swars in Medical Media at Gregory.Swars@va.gov. And thank you to our teammates who have already participated!



Ms. Zenaida Constant, MBA



Ms. Kris Baggett



Dr. Udaya Moti

Black History Leader: VA's First African American Hospital Director

Darlene Richardson, VHA Historian, VHA Office of Communications

Colonel Joseph Henry Ward, M.D., was the first African American hospital director in VA's history. He was appointed in January 1924 to oversee the Veterans Bureau's first and only racially segregated veterans hospital in Tuskegee, Alabama, and worked with Veterans Bureau Medical Director, Dr. Charles M. Griffith, until he assumed responsibility as Medical Officer in Charge on July 7, 1924. The hospital was staffed entirely by employees of African American heritage until 1954 when racial segregation officially ended in VA hospitals.

Joseph Henry Ward was born on August 26, 1872 in North Carolina, but his family later moved to Indiana. Little is known of his early life, but by 1897 he had graduated from the Physio-Medical School of Indiana and established one of the first hospitals for African Americans in Indianapolis by 1910. He enlisted for military service during World War I on August 10, 1917 and served with the 92nd Division medical corps. The 92nd Division was one of two segregated units of the Army, at that time, and Dr. Ward became one of only two African American officers in the medical corps to attain the rank of Major during the war. He was honorably discharged from active service on May 29, 1919 and continued in the reserves until September 23, 1934. He left the Army at the rank of Lieutenant Colonel and returned to his practice in Indianapolis.

On February 12, 1923, Vice President Calvin Coolidge dedicated a new veterans hospital in Tuskegee, Alabama for African American veterans who served in World War I. The segregated hospital was authorized as part of the First Langley Act in March 1921 and constructed by the Treasury Department for the Public Health Ser-

vice, which had been charged along with the Bureau of War Risk Insurance with providing hospitals and medical care to World War I veterans. While it was still under construction, Congress consolidated all World War I veterans programs in August 1921 into a new bureau known as the Veterans Bureau. President Warren Harding signed Executive Order 3669 on April 29, 1922 and transferred the Tuskegee veterans hospital, along with roughly 60 other Public Health Service veterans' hospitals, to the new Veterans Bureau.

Tuskegee was known as U.S.V.H. (U.S. Veterans Hospital) No. 91 until 1930, when it became part of the Veterans Administration. It was the second Federal hospital established specifically for African Americans military veterans, but the only one that ever operated as an entirely segregated hospital. The first one opened in 1870 as the Southern Branch of the National Home for Disabled Volunteer Soldiers (VHA origins) in Hampton, Virginia. The Southern Branch in Hampton was not a segregated facility, although it could have been, as the managers established it for African Americans and other Union veterans who preferred a more moderate climate. At the time, the other three National Homes were located in the North (Maine, Wisconsin, and Ohio). Much to their surprise, former U.S. Colored Troops preferred the Central Branch in Dayton over Hampton until the early 20th century. of World War I, is unique in American history. Its significance and contribution to the story of our nation was recognized on March 19, 2012 when it was listed on the National Register of Historic Places by the Secretary of the Interior.

Getting the Tuskegee facility off the ground and operational was not an easy task in the racially segregated South. In June 1923, four months after the hospital was dedicated, Veterans Bureau Administrator General Frank T. Hines announced his intention to staff the hospital with African American medical professionals. The announcement created an uproar in the community pitting Ku Klux Klan members against anyone who wanted the hospital staffed according to General Hines' wishes. General Hines was not easily intimidated and community committee was formed to consider the matter. By mid-August, the first African American doctors were hired for the new hospital and Col. Ward was hired in January 1924 to serve as its director.



One of Dr. Ward's associates, Dr. John A. Kenney, who was physician to Booker T. Washington and an active member of the National Medical Association, was one of a group of Tuskegee Institute doctors who bravely stood up and fought to have the Tuskegee veterans hospital open with African American staff. He did so at great risk to his own life and ultimately moved to New Jersey after his family was terrorized and a cross burned in their front yard. His son, Dr.

Howard W. Kenney, later became medical director at VA's Tuskegee hospital and in 1962 was the first African American to integrate a formerly all-white VA hospital when he became Director at East Orange, NJ, and seven years became VA's first African American VA Regional Director.

Dr. Joseph H. Ward, Tuskegee's first director, led the new veterans hospital through its tumultuous beginnings, hired top-notch staff, and shaped its success as an all-black hospital. He even proposed medical internships in cooperation with Tuskegee Institute as early as 1925, a generation before a national program was initiated at VA in 1946. He retired in 1936, after 12 years of service and returned to Indianapolis. Dr. Ward lived to see the end of racial integration in VA hospitals and died on December 12,

1956. He was buried at Crown Hill Cemetery in Indianapolis.

Tuskegee VA Medical Center, which began as a segregated hospital for African American veterans of World War I, is unique in American history. Its significance and contribution to the story of our nation was recognized on March 19, 2012 when it was listed on the National Register of Historic Places by the Secretary of the Interior. •

BLACK HISTORY Month

VA announces single regional framework under MyVA initiative

Internal organizations to realign their existing structures

VA today announced that it is taking the first steps under the MyVA initiative to realign its many organizational maps into one map with five regions to better serve Veterans.

The new regions under the MyVA alignment will allow VA to begin the process of integrating disparate organizational boundaries into a single regional framework to enhance internal coordination.

“We want every Veteran to have a seamless, integrated, and responsive VA customer service experience every time. This regional alignment is the first step in empowering Veterans to interact with one VA – MyVA,” said Secretary Bob McDonald. “Ultimately, this reform will improve the Veteran experience by enabling Veterans to more easily navigate VA and access their earned care and benefits.”

VA’s new regional design utilizes state boundaries to divide the country into five regions. Each organization within VA will begin work to ensure their structures are aligned within this framework by the end of June 2015.

Veterans are already seeing the impacts of changes made through the MyVA initiative. For example, at the suggestion of VA employees, the department has made improvements to VA call center operations, to allow call center agents to suspend or resume certain benefit payments at the request of the Veteran, which eliminates additional steps typically required of Veterans. Also at the suggestion of employees, VA is working towards piloting improved signage in certain facilities, to make sure Veterans know where they are going and that directions are easy to follow. Additional VA efforts are currently underway to define the next steps to transform the Department into one that is more centered on the Veteran.

Background on MyVA

Launched on September 2, 2014, MyVA is an initiative which will reorient VA around Veteran needs and empower employees to assist them in delivering excellent customer service to improve the Veteran experience. [It is the largest department-wide transformation](#) in VA’s history and will be a product of ideas and insights shared by Veterans, employees, members of Congress, VSOs, and other stakeholders.

The first phase of MyVA has included creating the task force and building the team to support the mission and an organizational change of this breadth. MyVA is focused on five areas of improvement:

- Improving the Veteran experience
- Improving the employee experience so they can better serve Veterans
- Improving internal support services
- Establishing a culture of continuous improvement
- Enhancing strategic partnerships

VA



U.S. Department
of Veterans Affairs

MyVA Regions — 5 Regions



Veterans Choice Act

www.va.gov/OPA/CHOICEACT/

or

1-866-606-8198

Learn more about
this landmark
legislation!



www.dublin.va.gov



Spiritually Speaking

Looking in on the Chaplain Service at Carl Vinson VAMC

Michael Catoe

It takes a village to raise a child, and it takes a committed team to care for America's heroes. The CVVAMC Chaplain Service is a dedicated part of our team . . .

VA medical centers are on a quest to provide ever-improving medical and psychological treatments for the veterans we serve. After all, for those who have sacrificed their physical—and often mental—well-being to sustain the unique freedoms we enjoy as Americans, they deserve no less. Stepping beyond the realms of physical and mental health, it is the responsibility of VA chaplains to delve into the spiritual realities of veteran health care.

Chaplains frequent patient rooms and living spaces of veterans here at Carl Vinson, intent upon building the physical presence and level of trust necessary to their work. It is their *work* and yet that term belies an intrinsic devotion to something that cannot be confined to such a simple term. How does one cross a line from the tangible to something without physical confines? From something that can be measured by clinical standards to something esoteric? Chaplains need that ability as one of their *gifts*.

Working the various wards and community areas of the hospital Tim Brown, Senior Chaplain, says “You never know where the relationship is going when you make that first connection with someone. One veteran I’ve known for over 20 years is now a resident here. Even

though he is in a unit that is generally the responsibility of another chaplain, he always makes a B-line for me when he sees me. He’s a Vietnam-era veteran I have walked with through near-death experiences due to complications with his meds, during periods of homelessness, and through other life events.”

Tim explained that each of the chaplains has specific areas of the hospital that are their core responsibility. He works with geriatrics; David Julian covers Hospice/Palliative Care patients, homeless, PTSD and substance abuse; Sam Scaggs focuses on veterans that are here for acute care and those with dementia. Overlap between these general areas is common.

Responsibilities of our VA chaplains are wide-ranging. They visit individually with nearly every soul that is admitted to the hospital, even those here for short stays. They facilitate therapy groups for grief support, substance abuse and homelessness. Chaplains also lead regular Bible and/or spiritual growth studies and provide support to veterans in a broad variety of faiths. Individually, they are making from 70-100 individual contacts with veterans each week.

In addition to these tasks, chaplains participate on treatment teams where patient care is strategized and care plans are developed. These teams consist of physicians, nursing staff, pharmacists, social workers, occupational and physical therapists, among others. Each patient’s plan is reviewed quarterly with family members being encouraged to attend, as well.



Is it any wonder that the requirements to even be competitive for a VA Chaplain position are extensive? A minimum of a 4-year degree plus 3-year Master of Divinity, 2 units of clinical pastoral training and at least 3 years of experience as a pastor are required. The post-nominal initials that follow VA Chaplains' names suggest a long-term dedication to their calling. It also adds a quality of treatment not found so intensely in non-VA medical facilities.

Other duties of our VA chaplains include facilitating groups with veterans and their families during Hospice Care. Eventually this leads to Bereavement Care for the veteran's loved ones. One spouse of a veteran said that her husband told her, "I will miss the comfort of chaplains when I'm gone." Sam Scaggs, the youngest member of the chaplain team, says, "Comments like this are rejuvenating and a real blessing. You know your work is making a difference."

There is a balance that chaplains must be adept at finding due to varying values and spiritual beliefs of veterans. Although each of our local chaplains has a Judeo-Christian background, they all have to be aware of, and sensitive to, the different religious persuasions of their patients. They recognize that some of their clientele will be agnostic, or even atheistic, in their beliefs. As government employees, chaplains fall under the "separation of church and state" doctrine. This creates boundaries that chaplains must be aware of. One must also be aware of different cultures and religious practices, as well as the psychosocial aspects and ideologies of different people groups.

Beside the 9:30 a.m. Sunday morning Chapel service held each week, the chaplains

are also involved with various spirituality-focused study groups. One such group is held on Wednesdays at 3:00 p.m. Sam co-facilitates this group with Dr. Sara Beth Bosley, a psychologist at the Dublin VA, and the focus is "finding peace amidst the storms of life." One Vietnam-era veteran who was with the 101st Airborne had this to say about the Chaplain Service: "I never miss a Sunday worship service. God has been good to me. I also enjoy the Tuesday and Thursday evening Bible studies. I keep all the programs from the Sunday services for the messages and the scripture references they contain." (See note on Tuesday and Thursday Bible Study at end of article.)



As is the case in any medical practice, medical care has specific treatment regimens to follow. This is not so well defined for chaplains, however. Providing care for a veteran's spiritual needs is much more of an abstract sci-

ence; something difficult to measure in clinical terms. Myriad research supports the idea that spiritual well-being and faith correlates strongly with a person's physical well-being, an idea that comports perfectly with VA's commitment to patient-centered care.

Sam says he sees his work as "an extension of hospitality at the hospital. My heart is that vets and families are able to experience pastoral care, whether they perceive it that way or not. Spiritual needs are as important as physical needs." Unfortunately, it is not uncommon to have veteran patients at VA medical centers that have no family support. This magnifies the importance of the chaplain's role. Sam adds, "These situations make it a beautiful time to be a chaplain. We help the veteran see they have worth and meaning."

As a further example of how chaplains connect with veterans, David Julian, who has been at Carl Vinson for 6 years, is an Army Airborne veteran with over 150 jumps. Formerly Chaplain of the 16th Airborne MP Brigade, he shared his experience of working with a veteran who was in tears over a letter he received from his daughter. In the letter, she was blasting him about his abusive drinking in previous years. David read the letter and expressed his perception that the daughter was “seeing the curtain closing,” due to the veteran’s failing health, and might be seeking closure with regard to past offenses. David’s military background gave him a measure of comradery with this veteran that helped him be open to David’s explanation and, in turn, made the daughter’s letter easier to accept.

Matthew Watkins, currently in an internship role with the Chaplain Service, spoke of one scenario that sticks in his mind. It was a recent contact with a veteran who was considering suicide. The fact that “he’s still here” is due in no small part to chaplain intervention. “It is important for us to hear them beyond what they identify as the immediate issue,” Matthew said.

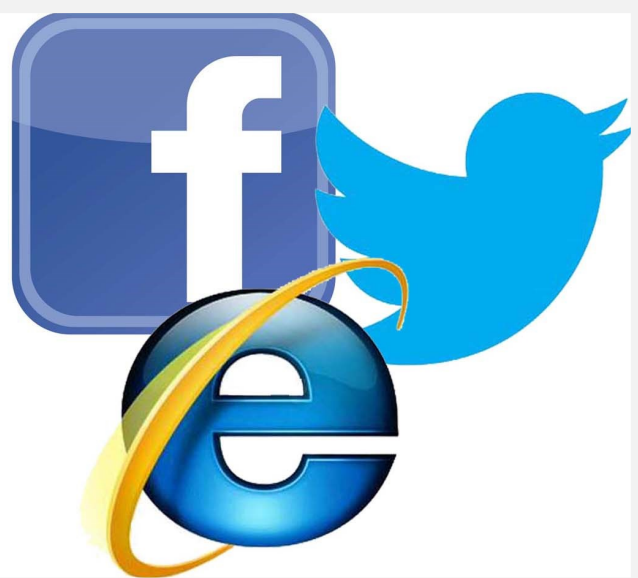
“They hear themselves speak because of our presence and it gives them an awareness of themselves.”

We are fortunate to have Tim, David, Sam, and Matthew as part of our team here at Carl Vinson VAMC. Who can say how far one kind gesture will go or how important the outcome of a specific act of medical care will be? As providers of care to veterans we can all benefit by considering the words of Solomon, “Wherefore I perceive that there is nothing better, than that a man should rejoice in his works; for that is his portion; for who shall bring him to see what shall be after him?” [Ecclesiastes 3:22 (KJV)]•

Note: The evening Bible Study mentioned is not conducted by VA chaplains. Sam Williams, who currently works in Housekeeping, volunteers his personal time to lead this study on Tuesday and Thursday evenings at 7:00pm in the Chapel. Sam said that he picks a book of the Bible and works through it to keep from bouncing around on different topics. Sam has been leading this Bible Study for over 5 years. (Sounds like a future chaplain in the making!) Patients and staff are welcome to attend this informal Bible study.

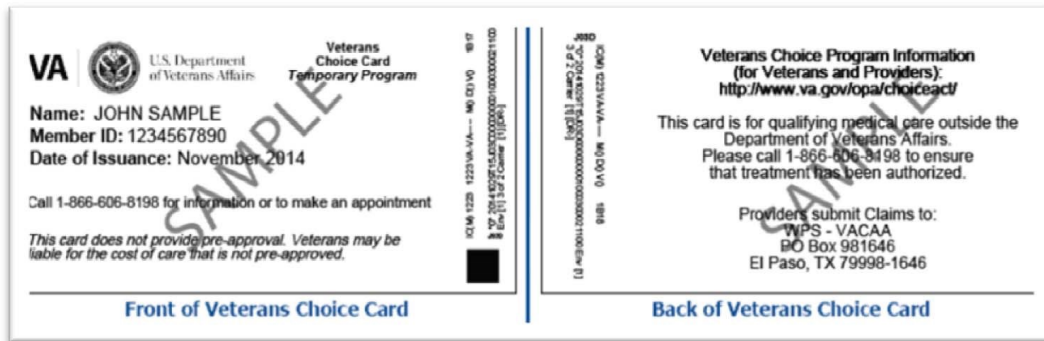
Have you joined us on Facebook, Twitter, and our Internet page? If not, do so now! We put useful information on these sites about VA programs and services, historical items, and much more.

You can find us on Facebook and Twitter at **Dublin VA Medical Center** and on the Internet at www.dublin.va.gov. “Like” what you see and share it so that we can reach as many Veterans as possible!



10 Things Rural Veterans Should Know About the Veterans Choice Act

Policy Analysis Team, VHA Office of Policy Analysis and Forecasting



The above image shows the front and back of a Veteran's choice Card

1. The Veterans Access, Choice and Accountability Act of 2014 (Veterans Choice Act) is designed to improve access to and quality of care for Veterans.
2. **Eligibility:** To be eligible for care under the Veterans Choice Act, a Veteran must meet one of the below criteria:
 - Live more than 40 miles from the U.S. Department of Veterans Affairs (VA) facility that is nearest to the Veteran's residence
 - Live in a state without a medical facility that provides hospital care, emergency services and surgical care, and reside more than 20 miles from such facility
 - Live 40 miles or less from a VA health care facility but needs to travel by air, boat, or ferry, or face an unusual or excessive burden on travel due to geographical challenges
 - Be unable to schedule an appointment with VA for hospital care or medical services within 30 days of the Veterans referred date, or the clinically appropriate date
3. Veterans who are eligible based upon their place of residence are able to use the Choice Program for clinically necessary services in the medical benefits package.
4. Veterans who enrolled for VA care using a P.O. box address are encouraged to submit a physical address to VA for the purpose of calculating the straight line distance to a VA facility.
5. An online tool for mileage calculations from residence to VA facility is available.
6. Veterans who are eligible because of the wait time criterion will only be able to receive a non-VA appointment for the episode of care related to the service that cannot be scheduled within the wait time of the Veterans Health Administration.
7. **Choice Cards:**

- Choice Cards were mailed to Veterans living more than 40 miles from a VA facility in early November 2014
 - Veterans exceeding the prescribed wait time were mailed a Choice Card in mid-November 2014
 - The balance of Veterans enrolled prior to August 1, 2014 will receive Choice Cards in the December 2014-January 2015 time frame
 - Choice cards do not provide authorization for care, but require authorization before seeking treatment
8. Veterans are encouraged to call 1-866-606-8198 to confirm their eligibility and receive authorization for care.
 9. Veterans must bring the Choice Card with them to their non-VA care appointment. A sample Choice Card is shown above.
 10. If you are in need of further information, visit the Veterans Choice Act website, www.va.gov/OPA/CHOICEACT/ or call **1-866-606-8198**.

Are you a Veteran who would like to lose weight and get healthier? Then MOVE! The VA's MOVE Program was designed to help America's heroes learn how to manage diet and exercise to become healthier and enjoy a higher quality of life.

Contact:

Carl Vinson VA Medical Center MOVE
Program coordinator Beth Wilkins at
Elizabeth.Wilkins@va.gov or 478-272-1210
ext. 2389



Dublin VA Medical Center

www.dublin.va.gov



VA
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Not every GI is
a Joe . . .

Carl Vinson VA Medical Center
Women's Health



“I Want to Talk to Your Boss!”

The Importance of Being a Customer Service Rep

Greg Swars, Customer Service Instructor

If you’ve been in the workforce for more than 10 minutes, you’ve undoubtedly heard the dreaded, “I want to talk to a manger/supervisor/your boss,” or, specific to healthcare and certainly the VA, “I want to speak with the Director!”

Although such a demand may seem like an attempt to intimidate employees into taking

the action the customer desires—and sometimes it is—the reality is that most of the time customers do not make such demands unless they feel frustrated and truly believe that only the “head person” can help them. As anxiety-provoking as such encounters can be for you as a VA professional, you should not view it as a negative situation. Instead, empower yourself to help the customer and impress them with your ability to help.

When a customer demands to see someone above your level, the first thing you should do is relax and not take it personally. Remember, the customer is rarely angry at you, it is the company, in this case the VA, that they are frustrated with. Unfortunately, *you* represent the VA, so you get the brunt of their anger. Try to empathize with the customer and remember that research shows that most customer complaints are, in fact, legitimate, at least in general terms, so rather than become defensive or personally offended,

try to appreciate the customer’s perspective. Doing so will allow you to work as an advocate for the customer rather than thinking that you must defend your organization. By interacting with the customer as an advocate, you will be able to concentrate on issues and not emotions.

Next, speaking to the customer in a calm

and empathic voice, explain that you appreciate a chance to help the customer yourself. Assure the customer that you are sincerely interested in helping and that, even if they meet with “the Boss” the actual resolution of the situation is likely to be made by you or a co-worker anyway, so why add extra steps that will take up more of the cus-



tomer’s time. Remember that you should always express things in terms of the customer’s needs, not your or the VA’s. It is the customer’s comfort and satisfaction that we should focus on.

If the customer agrees to allow you to handle the matter at hand, immediately thank them for the chance to meet their needs. A complaint is a gift that allows our medical center to get better and provide higher quality healthcare to America’s heroes, something that we should all value. After thanking the customer, work with them to determine what the issues are, then get the customer’s input as to how the situation can be resolved satisfactorily. It is very important at this

Will you answer the call?

HONORING SERVICE
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The next round of “Answer the Call” has begun. This critical initiative brings awareness to military sexual trauma (MST) and your help is important. If you do not have a green MST decal on your phone that tells you how to direct calls about MST, please contact the CVVAMC MST coordinator.

Margaret Dukes, LMSW
MST Coordinator
478-277-2827



point to show the customer that you are a team working to solve the issue and get the relationship back on track.

Once you have identified options for resolving the situation, empower the customer to choose what direction they would like to take. In some cases, the options will be limited, but people still like to choose. Doing so leaves them with the feeling that they are in control, a perfect way to help alleviate their concerns and make them feel good about the outcome. If you need to tag up with teammates to get a resolution, do so, and make sure that you follow up with involved co-workers to ensure a positive outcome. Few things make a bad situation worse than assuring your customer that you have the matter in hand only to learn too late that a teammate dropped the ball. Make sure that you constantly develop good relationships with your co-workers and get them used to the idea that you will follow up when they agree to assist you. They may let someone else down (we hope not!) but they will never let you down because they know that you will follow up.

Regarding follow up, get a contact phone number or email address for the customer. Few things impress a customer like a follow up call or

email from you just to see how things are going. Contact the customer at an appropriate time—that afternoon, the next day, whatever seems appropriate—and see how things are going. Customers love the extra attention and your credibility as a VA pro will soar.

Finally, recognize that, in the end, your customer has the right to “see the Boss” if they elect to do so. But even when they insist, direct them to your lead, supervisor, service chief, or other person in your management chain who has the authority to help. Remember, the whole point is to resolve the customer’s concern at the lowest level. Doing so serves the customer better and makes our medical center more efficient, and improved efficiency makes everyone, customers and employees, more satisfied.

To sum up, when your customer wants to see someone in charge, politely assure them that you are in charge and are genuinely interested in helping them from your level. By doing so, you’ll not only impress the customer with your skills and commitment to their needs, you’ll feel empowered and professional, which, you are! When you have an “attitude of gratitude” for our Veterans and other customers, it shows, so keep your eye on the customer service prize. •

TED Visits Dublin VA

Dr. Frank G. Jordan Jr., FACHE

The future is here and it is benefiting America's heroes! The Telehealth Education Delivered (TED) vehicle shows how.

The Carl Vinson VA Medical Center was recently visited by the Telehealth Education Delivered, or TED, vehicle.

TED is a telehealth technologies demonstration vehicle equipped with a variety of telehealth equipment that allows healthcare professionals to be educated and trained on emerging telehealth services in areas such as primary care, mental health, women's health, audiology, retinal imaging, home-based primary care, and rural health. The TED vehicle is on a cross country trip to demonstrate telehealth possibilities to VA and other healthcare organizations.

Sponsored by Iron Bow Technologies and Verizon, the visit to the Dublin VA allowed staff to learn how healthcare access can be extended, collaboration among healthcare providers and patients can be enabled, and patient care can be enhanced through the use of telehealth. Healthcare technologies demonstrated included interactive bedside solutions, virtual customer service kiosks, and a variety of imaging, smart board, and whiteboard displays that make providing healthcare services more efficient. The

Dublin VA currently provides a number of telehealth services including tele-ICU and tele-mental health services with more services planned.

Dublin VA telehealth clinical technician Katherine Thomas, a healthcare professional with 15 years of experience, was enthusiastic about the training and the value of telehealth services.

"These technologies enhance our ability to provide our veterans with the best care," she

said, "and are especially valuable for rural healthcare facilities like ours."

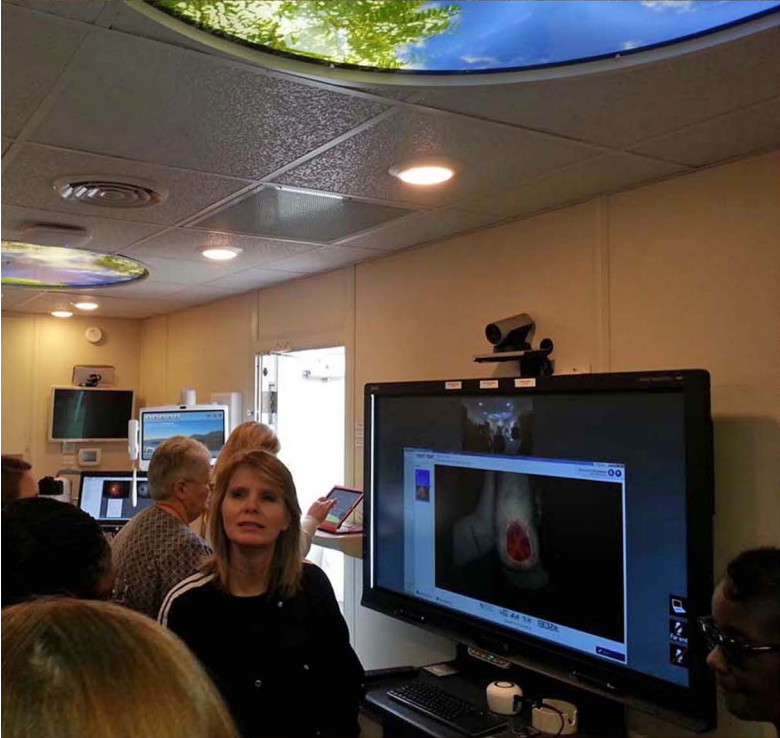
Thomas added that the Dublin VA cares for 40,000 veterans in 52 counties in middle and south Georgia and that telehealth technologies help to make healthcare more convenient for rural veterans while maintaining the

highest levels of quality of care.

TED's demonstrations of telehealth capabilities proved popular with VA staff and veterans at the medical center. Telehealth coordinator Judy Knight confirmed that the TED vehicle had received over 100 visitors.

Anyone interested in learning where TED will be next can visit www.TED2GO.com or can follow the TED vehicle on Twitter at #TED2GO. For more information about telehealth services at the Dublin VA, contact Judy Knight at 478-272-1210 ext. 3480 or at Judy.Knight@va.gov. •





Reaching Out to Rural Veterans

John Crawford, VA Research Communications

Compared to their urban counterparts, rural Veterans report lower quality of life, lower physical and mental health and more multiple co-occurring illnesses.

The U.S. Census Bureau identifies rural more by what it is not rather than what it is. Urban areas have 50,000 or more people in them. Urban clusters have at least 2,500 but fewer than 50,000 people. Rural? That's the rest of the country. If you're an average American, there's about a 20 percent chance you live in a rural area. For Veterans, though, that number jumps to nearly 40 percent. That number can be misleading because rural Veterans, regardless of ethnicity, age or gender, are less likely than their urban counterparts to enroll in VA. They are also less likely to seek VA care for physical ailments and mental illnesses, to schedule regular wellness visits or to seek out VA benefits. The reasons are as diverse as the Veterans Dr. Michelle Hilgeman sees every day as a clinical psychologist at the Tuscaloosa (Ala.) VA Medical Center. Over half the patients she cares for are rural, but she knows there are many in her area who are not showing up at her clinic or any other.

"There are a huge number of Veterans who are rural, particularly in states like Alabama and they're not getting the care they need," says Hilgeman. "There are towns all over this country where industries have dried up and left behind rural communities without a lot of resources. These Veterans don't have access to primary care, let alone specialty care like mental health or psychiatric services."

With that in mind, Hilgeman and a research group led by Drs. Lori Davis and Stefan Kertesz designed an outreach initiative that relies on motivational interviewing techniques, a 20-minute educational video "VA in Motion" and a good pair of walking shoes.

"As we designed this intervention, we had in mind the barriers rural Veterans face," says Hilgeman. "The outreach workers are going into the community and really hitting the pavement in terms of going to the local churches, barber shops, VSO offices and anywhere else Veterans might be in their daily lives. They're engaging the Veterans in conversation in order to get them enrolled in VA."

Hilgeman's study of the program, which was published online Dec. 15, 2013, in the *Journal of Rural Health* showed that a little bit of extra assistance can go a long way in getting Veterans to take advantage of VA health care and benefits. Of the 205 Veterans in the study, half engaged in about 30 minutes of motivational interviewing with a social worker, watched the 20 minute VA film and received another half-hour of enrollment support. Hilgeman titled this group the EEE, enhanced enrollment and engagement outreach group. The other half, termed administrative outreach, or AO, received a typical VHA enrollment document package and some personal outreach.

"These Veterans still had an outreach worker engage with them in their community and follow up with them at their homes. That's still a lot of hands-on assistance that goes beyond usual enrollment procedures," says Hilgeman.

Six months after the outreach, 87 percent of the EEE group had attended an appointment, compared with only 58 percent of the administrative group. The EEE group also appeared more motivated to make an initial appointment. Their median time to appointment was only 12 days, versus 98 days for the administrative group. The time difference was not due to any administrative delays or wait lists on VA's part. And what happens when Veterans get in the door faster?

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**EMPOWERING
HEALTH**

Veterans Choice Program

1-866-606-8198

www.va.gov/opa/choiceact

CVVAMC Choice Champions

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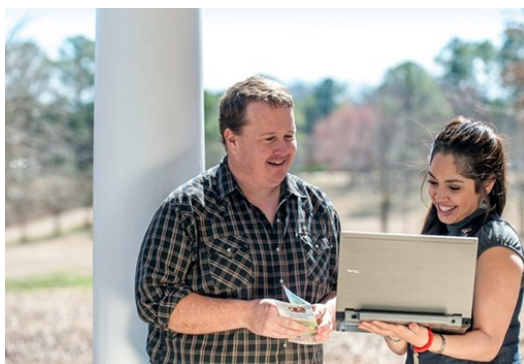
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"The more quickly we can see these patients, the faster we can identify unmet needs, diagnose under recognized conditions and begin treatments that will result in better health and behavioral outcomes," says

That is why the
tion of motivational in-
plains Hilgeman. "One
of ambivalence to health
"We thought motivation-
the video would pack a
encourage them to seek
misperceptions about



The program was
tailored for use to target homeless Veterans, those with cognitive impairments and older Veterans and their caregivers. One of the best parts, according to Hilgeman, is that the program pays for itself. "It isn't very expensive, we found, to operate the outreach workers and with each new Veteran that comes in, there is a cost savings. Chronic care is much less expensive to the taxpayer if we're able to maintain people's health regularly rather than only through emergencies." •

Hilgeman.

program used the combina-
interviewing and the video, ex-
of the main barriers is a sort
care in general," she says.
al interviewing paired with
double punch in that it would
care while also dispelling
VA health care quality."

so effective it's already being

HONORING SERVICE EMPOWERING HEALTH

CVVAMC teammates Ilo Castleberry and James the Labrador team up every day to care for America's heroes. James might seem like a nice addition to VA healthcare, but his presence has real-world benefits for his Veterans. (So does Ilo's!) Thank you to these two VA professionals and all of the staff on Ward 10A who care for their Veterans and other customers every day.

